

Iowa Retirement Investors' Club (RIC) 401a Employer Match Plan

Mutual Fund 401(a) Enrollment Form

☐ Group ID# 02228004 CS: 9 CS: E



This Enrollment Form should be used for initial enrollment and contribution allocation only. Future investment election changes may be made by calling 1-800-448-2542 or by going online at corebridgefinancial.com/retire. Investment election changes via paper forms will not be accepted.

1. CLIENT INFORMATION

Name: _____ SSN or Tax ID: _____
☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Rev.
Gender: ☐ Male ☐ Female Marital Status: ☐ Married ☐ Not Married Date of Birth: _____
Residence Address*: _____
City: _____ State: _____ ZIP: _____
Home Phone: (____) _____ Work Phone: (____) _____ Other Phone: (____) _____
Mailing Address* (if different from residence): _____
City: _____ State: _____ ZIP: _____
*All accounts will be updated with these addresses.

2. INVESTOR PROFILE

Have you previously purchased mutual funds or other securities? ☐ No ☐ Yes If yes, number of years: _____
Investment Objective (check one): ☐ Safety of Principal ☐ Long-Term Growth ☐ Income
Risk Profile: ☐ Higher Risk ☐ Aggressive ☐ Moderately Aggressive ☐ Moderate ☐ Moderately Conservative ☐ Conservative ☐ Cautious
Financial Situation:
Annual Household Income ☐ Under \$50,000 ☐ \$50,000 - \$100,000 ☐ Over \$100,000 list amount:\$ _____
Net Worth(excluding value of primary residence) ☐ Under \$50,000 ☐ \$50,000 - \$100,000 ☐ Over \$100,000 list amount:\$ _____
Life Insurance (face amount) ☐ Under \$50,000 ☐ \$50,000 - \$100,000 ☐ Over \$100,000 list amount:\$ _____
Tax Bracket: _____ % Dependents: Number: _____ Age(s): _____
Client Occupation: _____ Annual Salary: \$ _____ Date of Hire: _____
Is the Client employed by or registered with an FINRA member firm? ☐ Yes ☐ No

VALIC Retirement Services Company is a wholly owned subsidiary of Corebridge Financial, Inc.

Iowa Retirement Investors' Club (RIC) 401a Employer Match Plan

Mutual Fund 401(a) Enrollment Form

☐ Group ID# 02228004 CS: 9 CS: E



SSN or Tax ID: ____ - ____ - _____

3. INVESTMENT ELECTIONS

Indicate investment elections below for all future contributions to the Plan. Use whole increments of 1% (no fractions) to total 100%.

____% ALLSPRING CORE PLUS BD FUND R6 (STYJX)	____% CARILLON EAGLE MID CAP GROWTH (HRAUX)
____% DFA INFLATION PROTECTED SEC I (DIPSX)	____% DFA LARGE CP INTERNATIONAL I (DFALX)
____% DFA REAL ESTATE SECURITIES I (DFREX)	____% DFA US TARGETED VALUE I (DFFVX)
____% DFA US VECTOR EQUITY I (DFVEX)	____% FIDELITY TOT MKT IDX INST PREM (FSKAX)
____% FIXED ACCOUNT (FB125) ¹	____% MFS MASS INV GTH STK R6 (MIGNX)
____% SCHWAB PCRA (SPCRA)	____% VANGUARD DEV MKT IND FUND INST (VTMNX)
____% VANGUARD EQUITY INC ADM (VEIRX)	____% VANGUARD EXPLORER ADM (VEXRX)
____% VANGUARD FED MONEY MARKET INV (VMFXX)	____% VANGUARD HIGH YIELD CORP ADML (VWEAX)
____% VANGUARD INST IDX (VINIX)	____% VANGUARD INTRM-TRM BND IDX ADM (VBILX)
____% VANGUARD MIDCAP INDEX INS (VMCIX)	____% VANGUARD PRIME M MKT (VMMXX)
____% VANGUARD SMALL CAP INSTL (VSCIX)	____% VANGUARD TARGET RET 2070 (VSVNX)
____% VANGUARD TARGET RETIRE 2065 (VLXVX)	____% VANGUARD TGT RTMT 2015 (VTXVX)
____% VANGUARD TGT RTMT 2020 (VTWNX)	____% VANGUARD TGT RTMT 2025 (VTTVX)
____% VANGUARD TGT RTMT 2030 (VTHRX)	____% VANGUARD TGT RTMT 2035 (VTTHX)
____% VANGUARD TGT RTMT 2040 (VFORX)	____% VANGUARD TGT RTMT 2045 (VTIVX)
____% VANGUARD TGT RTMT 2050 (VFIFX)	____% VANGUARD TGT RTMT 2055 (VFFVX)
____% VANGUARD TGT RTMT 2060 (VTTSX)	____% VANGUARD TGT RTMT INC (VTINX)
____% VANGUARD WELLINGTON ADM (VWENX)	

100% Total

¹ Policy Form GFUA-398 or GFUA-12, a group fixed unallocated annuity, issued by The Variable Annuity Life Insurance Company, Houston, Texas.

4. DOCUMENT DELIVERY CHOICES

E-mail Address: _____

☐ By providing my e-mail address above, I elect to enroll in Personal Deliver-e®, an electronic document delivery service

Electronic delivery is a free service though you may pay Internet service provider fees to access the Internet or receive e-mails. An e-mail notification will be sent to you when regulatory disclosures, transaction confirmations and account statements are available for viewing and/or printing online. You may customize your selections by accessing your online account.

☐ I elect to continue receiving account information and related materials in a printed format.

VALIC Retirement Services Company is a wholly owned subsidiary of Corebridge Financial, Inc.

Iowa Retirement Investors' Club (RIC) 401a Employer Match Plan

Mutual Fund 401(a) Enrollment Form

☐ Group ID# 02228004 CS: 9 CS: E



SSN or Tax ID: ____ - ____ - _____

5. CLIENT SIGNATURE

I understand that transfers from the Fixed Account may be restricted. I understand that mutual fund investment return and principal value will fluctuate so that when redeemed any shares in my Plan account may be worth more or less than their original cost. I affirm that the information on this form is accurate and complete, to the best of my knowledge.

Client Signature

Date

Signed At: City/State

Upon completion of this form, a Beneficiary Designation Form must be submitted with document to VALIC Retirement Services Company.

Please fax this form and any documentation to 1-877-202-0187 or mail to the address below for processing:

Retirement Services Center
P.O. Box 15648
Amarillo, TX 79105-5648

If overnight delivery:

Retirement Services Center
1050 N. Western St.
Amarillo, TX 79106-7011

Questions about this form may be directed to 1-800-448-2542, Monday through Friday, 7 a.m. - 8 p.m. Central Time

For Home Office Use Only

Financial Representative Name (Print)

Financial Representative Signature

Date

Agent#: _____ Region Code: _____

Principal Approval

Date

VALIC Retirement Services Company is a wholly owned subsidiary of Corebridge Financial, Inc.